

H-AMEN

STATEMENT OF ORGANIZATION

(See reverse side for info.)

9812
12-9

1. (a) NAME OF COMMITTEE IN FULL BRADY FOR CONGRESS	(Check if name is foreign) <input type="checkbox"/>	2. DATE 11/06/98
(b) Number and Street Address P.O. Box 8277	(Check if address is changed) <input type="checkbox"/>	3. IDENTIFICATION NUMBER C00311043
(c) City, State and ZIP Code THE WOODLANDS, TX 77387	4. IS THIS STATEMENT AN AMENDMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
5. TYPE OF COMMITTEE (Check one)		

- (a) This committee is a principal campaign committee. (Complete the candidate information below.) *100 Changes*
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate	Candidate Party Affiliation	Office Sought	State/District

- (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(Name of candidate)
- (d) This committee is a _____ committee of the _____ party.
(National, State or subordinate) (Democrat, Republican, etc.)
- (e) This committee is a separate segregated fund.
- (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

Type of Connected Organization

 Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

FULL NAME	MAILING ADDRESS	TITLE OR POSITION
KINDRA HEFNER	P.O. BOX 8277	DIRECTOR
W. ROBERT EISNER	P.O. BOX 8277 THE WOODLANDS, TX 77387	TREASURER
B. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.		
NAME OF BANK, DEPOSITORY, ETC.	MAILING ADDRESS AND ZIP CODE	
BANK ONE	910 TRAVIS, P.O. BOX 2629 HOUSTON, TX 77252-2629	

I certify that I have signed this statement and to the best of my knowledge and belief it is true, correct and complete.

TYPE OR PRINT NAME OF TREASURER W.R. Eisner	SIGNATURE OF TREASURER <i>[Signature]</i>	DATE 11/25/98
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

<i>gsl</i> 11-214	For further information contact: Federal Election Commission Telephone 800-434-9080 Local 202-276-3120	FEC FORM 1 (revised 1987)
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